

MONTANA BOARD OF CHIROPRACTORS

P. O. Box 200513

(301 S PARK, 4TH FLOOR - Delivery)

Helena, Montana 59620-0513

(406) 841-2390 FAX (406) 841-2305

E-MAIL: dlibschi@mt.gov

WEBSITE: www.chiropractor.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application)

**CHIROPRACTORS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER
WITHOUT AN ACTIVE MONTANA LICENSE**

LICENSE REQUIREMENTS:

IMPAIRMENT EVALUATOR

- ◆ Must have been in active clinical practice in Montana for a minimum of one year.
- ◆ Submit successful completion of board approved certified Chiropractic Impairment Evaluator education and training, or successful completion of an education and training program relating to chiropractic orthopedics, impairment rating or similar course work from a Council on Chiropractic Education (CCE) or other college approved by the board, or evidence of being in practice for more than five years and successfully demonstrating that a completed certified program equal to that recommended by the board.
- ◆ A Diplomate of American Board of Chiropractic Orthopedists (DABCO) in practice more than five years is exempt from the educational and training requirements.
- ◆ Passage of the Montana Jurisprudence Examination with a grade of 75%.

FEES:

ALL FEES ARE NON-REFUNDABLE

\$250.00 Application for Impairment Evaluator

APPLICATION PROCEDURES:

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

JURISPRUDENCE EXAMINATION INFORMATION

- ◆ All applicants are required to pass the Jurisprudence examination. This is an open book examination covering the statutes and regulations. The Examination downloads with the application. Statutes and rules can be downloaded from the Board's website at: www.chiropractor.mt.gov

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Please be sure the two individual completing the verification of moral /professional character form and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

For information with regard to the processing of this application or other concerns please contact the Board of Chiropractors staff at (406) 841-2390 or email us at dlibsdcchi@mt.gov

PLEASE BE SURE TO KEEP A COPY OF THE MONTANA LAWS AND RULES FOR THE PRACTICE OF CHIROPRACTIC WHICH ARE AVAILABLE ON OUR WEBSITE: www.chiropractor.mt.gov

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Application for Impairment Evaluator

1. FULL NAME: _____
Last First Middle
2. OTHER NAME(S) KNOWN BY: _____
3. BUSINESS ADDRESS: _____
Street or PO Box # City and State
Zip
4. HOME ADDRESS: _____
Street or PO Box # City and State
Zip
- PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____
5. TELEPHONE (____) _____ (____) _____ (____) _____
Business Home Fax
6. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
7. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ MALE
☐ FEMALE
8. License No. _____
9. How may years have you practiced in Montana? _____
10. How many years have you practiced in other stated? _____
11. Are you a diplomat of the American Chiropractic Board of Orthopedics? ☐ Yes ☐ No
12. Submit successful completion of board approved certified Chiropractic Impairment Evaluator education and training, or successful completion of an education and training program relating to chiropractic orthopedics, impairment rating or similar course work from a Council on Chiropractic Education (CCE) or other college approved by the board, or evidence of being in practice for more than five years and successfully demonstrating that a completed certified program equal to that recommended by the board.

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Chiropractors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I pledge myself to support the statutes and rules of the State of Montana pertaining to the practice of Chiropractic, to observe the state and federal regulations relating to impairment ratings and to conduct myself ethically and honorably as a practitioner of chiropractic.

Legal Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.